

KENTUCKY BOARD OF LICENSURE OF MARRIAGE & FAMILY THERAPISTS
PO BOX 1360
FRANKFORT, KENTUCKY 40602
(502) 564-3296, EXT. 239

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

(Check one)

___ Individual – Name: _____

___ Organization – Name: _____

Is email notification of Board action acceptable? ___ No ___ Yes _____

Email Address _____

1. _____
Name of Sponsoring Organization

2. _____
Street Address City State Zip Code

3. _____
Area Code and Telephone Number (Days only)

4. _____
Name of Person Responsible Telephone Number

5. _____
Program Title # of Clock Hours Requested

6. _____
Program Site (Give complete address)

Program Date(s) _____

Please attach documentation of the following to this application:

Published course or seminar description;
Names and qualifications (Vita) of the instructor(s);
Copy of the program indicating hours of education;
Coffee and lunch breaks;
Official certificate or college transcript from the sponsoring agency or college.

7. Please be reminded that the Board does not recognize in-service training as continuing education. Therefore, describe in detail the method to be used for disseminating information about your seminar to regional and/or statewide administrators; i.e., direct mail, advertisements, newspapers, newsletters, etc.

8. Programs requiring Board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

Applicant's Signature _____

_____ Date

(Do not write below this line – Board use only)

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BOARD REVIEW

Application:

Date _____

Approved

Deferred

Denied

Board Member: _____

Comments: _____